

**EMERGENCY MEDICAL SERVICES AUTHORITY
AWARDS PROGRAM
INDIVIDUAL ACHIEVEMENT RECOGNITION
NOTIFICATION OF ELIGIBILITY**

Mail completed application and supplemental information to:
California EMS Authority, Attn: EMS Awards Program
1930 9th Street, Sacramento, CA 95811

Name: _____

Address: _____

City, State, Zip _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If Nominee is an EMT: EMT Level: _____ Cert. # _____

Eligible for:

☐ Educational Achievement for

☐ Associate

☐ Baccalaureate

☐ Master

☐ Doctorate

☐ Honorable Service Award

_____ years of honorable service

Eligibility determined by:

Name: _____

Address: _____

City, State, Zip _____

E-mail: _____ Phone: _____

Chief Officer of: _____ (EMS agency)

I certify that the individual named above is eligible for the award indicated. Documentation of the basis for this nomination is on file in this EMS agency. I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me.

Signature: _____ Date: _____